

Medical News

At a meeting to be held on Wednesday, February 14, at 4.15 p.m., at the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, Sir Robert Hutchison, Bt., President of the Royal College of Physicians of London, presiding, Mr. W. McAdam Eccles, M.S., F.R.C.S., will give a special address to open a discussion on "Alcohol and Road Accidents in the 'Black-out' in War."

The fourth Stanley Melville Memorial Lecture on "The Story of Protection" will be delivered by Dr. G. W. C. Kaye, F.R.S., before the Society of Radiographers at the Connaught Rooms, Great Queen Street, W.C., to-day (Saturday, February 10) at 4.30 p.m. The annual dinner of the society will be held at 6.30 p.m.

A meeting of the Tuberculosis Association will be held at 26, Portland Place, W., on Friday, February 16, at 5.10 p.m., when papers on "The Value of Mass Radiography of the Chest" will be read by Dr. P. M. D'Arcy Hart and Dr. Andrew Morland. At 8.10 p.m. there will be a discussion on "The Technical Problems connected with Mass Radiography of the Chest," to be opened by Dr. S. Cochrane Shanks and Mr. P. G. Sutton.

A meeting of the Pharmaceutical Society of Great Britain will be held at 17, Bloomsbury Square, W.C., on Tuesday, February 13, at 7.30 p.m., when Sir Walter Langdon-Brown will deliver a lecture on "How do Drugs Act?"

A meeting of the Socialist Medical Association will be held on Friday, February 16, at 8 p.m., in the Small Conway Hall, Red Lion Square, W.C., to discuss "The War and the People's Health." Admission free.

The Ministry of Health has issued to county councils and local authorities in England and Wales copies of two revised memorandums summarizing the main facts about pediculosis and scabies, and containing advice on the prevention and cure of these conditions. The memorandum on scabies is officially described as Memo. 229/Med., and the memorandum on the louse and how to deal with it as Memo. 230/Med. Each is obtainable (price 2d.) from H.M. Stationery Office or through any bookseller.

Dr. F. W. Routley, brother of Dr. T. C. Routley, the secretary of the Canadian Medical Association, is Commissioner for the National Canadian Red Cross, and now has his headquarters in London. According to a report in the Press, Canada has already subscribed over a million sterling to its Red Cross, and Dr. Routley is now preparing to collect a second million.

The Swiss Federal Council has placed 100,000 Swiss francs at the disposal of the Finnish Red Cross; and the Danish Red Cross has sent two sanitary contingents to Finland, one of them consisting of 100 doctors and 200 nurses.

EPIDEMIOLOGICAL NOTES

Infectious Diseases for the Week

Of the commoner notifiable diseases diphtheria, scarlet fever, and whooping-cough have shown little change in England and Wales during the week, but there has been a rise in the incidence of measles and acute pneumonia (primary and influenzal), while of the less common infections the notifications of cerebrospinal fever have more than doubled.

Although diphtheria has recently been less prevalent and generally less severe, experience at South Shields has been far from favourable, despite an intensive immunization campaign. Since the beginning of 1938 as many as 1,100 cases have been reported, with 114 deaths; the high case fatality is ascribed to the prevalence of the "gravis" or starch-fermenting strain of diphtheria organism, infections with which do not respond well to antitoxin therapy. Since the beginning

of 1940 there have been 23 cases and 7 reported deaths. The unsatisfactory position is due not to any defect in the method of immunization but to the fact that the proportion immunized in the susceptible population is still too small; among 12,000 subjects inoculated there has been only one death attributed to diphtheria (concurrent disease was also a factor), compared with 114 deaths among 12,000 subjects similar in all respects except that they had not been immunized.

Measles has advanced in the areas already involved, but few fresh areas have been affected to any extent, and with few exceptions the large cities have so far escaped attack in epidemic form. On the other hand, influenza has chiefly affected large cities and centres of population, and adults have been attacked much more than younger subjects. While the clinical type has been mild, consisting commonly of fever of two to three days' duration, malaise, sore throat, laryngitis, and tracheitis, the disease has been prevalent, in many instances as much as 10 per cent. or more of a community being attacked at the same time. Although the disease has fallen most heavily on those between 20 and 35, deaths, which have risen from 94 to 158, have been chiefly among older subjects. So far attempts to isolate the causative organism have not been successful; a wide variety of secondary organisms have been isolated in the acute stages of the disease—notably *Str. haemolyticus*, pneumococcus, Pfeiffer's bacillus, and *Staph. aureus*. Counties severely affected by pneumonia were: Lancaster 230 (Liverpool 39, Manchester 36); Yorks (West Riding) 153 (Sheffield 48, Leeds 10); London 99 (twenty-five boroughs affected—notably Battersea 12, Wandsworth 11, Woolwich 14); Durham 79 (Sunderland 29); Warwick 68 (Birmingham 46, Coventry 11); Glamorgan 63 (Rhondda U.D. 15, Swansea 6). On the other hand, measles was most rife in Cumberland 293 (Carlisle 165); Lancaster 396 (Blackburn 42, Blackpool 59, St. Helens 66, and in Liverpool and Manchester only 8 and 9 respectively); Glamorgan 220 (Swansea 115, Merthyr Tydfil 14, Rhondda 42); Durham 142 (Bishop Auckland 44, Sunderland 9); Yorks (West Riding) 115, scattered widely in urban and rural districts; in Sheffield 5 and in Leeds 1. In Belfast cases have risen from 135 to 273 and there were 3 deaths, the same as in the previous week.

Although there has been an increase in the incidence of cerebrospinal fever, both in England and Wales and in Scotland, no particular centre or focus can be incriminated as being responsible, nor do the official figures give any clue whether non-civilians are chiefly attacked, apart from the Wrexham outbreak, in which the disease was at first confined almost entirely to Service cases but later spread to the civilian population. Of the sixty-one administrative areas in England and Wales thirty-six reported cases of cerebrospinal fever, but only in fifteen were there more than 2 cases during the week: Chester 3 (Wallasey C.B. 1, Neston U.D. 1, Runcorn U.D. 1); Durham 4 (Gateshead C.B. 1, Barnard Castle R.D. 3); Essex 4 (Colchester M.B. 2, Wanstead and Woodford M.B. 2); Lancaster 10 (Barrow-in-Furness C.B. 2, Bolton 1, Liverpool 3, Manchester 2, Atherton U.D. 1, Salford 1); London 5 (Lambeth, Lewisham, Poplar, Southwark, Westminster); Middlesex 5 (Hendon 1, Heston and Isleworth 1, Uxbridge U.D. 3); Northumberland 4 (Tynemouth C.B. 1, Hexham U.D. 1, Alnwick R.D. 1, Hexham R.D. 1); Salop 3 (Shrewsbury M.B. 2, Oswestry R.D. 1); Southampton 4 (Portsmouth 1, Aldershot M.B. 2, Fareham U.D. 1); Stafford 5 (Smethwick C.B. 1, Wolverhampton C.B. 1, Amblecote U.D. 1, Cannock U.D. 1, Stafford M.B. 1); Surrey 5 (Coulsdon and Purley U.D. 1, Godalming M.B. 1, Richmond M.B. 1, Sutton and Cheam M.B. 1, Hambledon rural 1); Warwick 6 (Birmingham 3, Coventry C.B. 2, Rugby M.B. 1); Denbigh 5 (Wrexham M.B. 1, Wrexham rural 4); Glamorgan 6 (Merthyr Tydfil C.B. 1, Penarth U.D. 1, Rhondda U.D. 3, Cowbridge R.D. 1); Monmouth 8 (Newport C.B. 3, Nantyglo and Blaenau U.D. 1, Risca U.D. 1, Chepstow R.D. 2, Pontypool 1). Of the 23 cases reported in Scotland 13 were in counties (Berwick 1, Dumfries 1, Inverness 2, Moray and Nairn 2, Orkney 2, Renfrew 2, Ross and Cromarty 2, Zetland 1) and 10 in boroughs (Aberdeen 3, Glasgow 5, Inverness 1, Clydebank 1). In Eire there were 8 cases (none in the previous week): 2 in Dublin and 6 in Idrone, Co. Carlow.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended January 13, 1940.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for : (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Eire. (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for : (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 13 principal towns in Eire. (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases ; a blank space denotes disease not notifiable or no return available.

Disease	1940					1939 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever	107	5	23	8	—	43	4	15	1	—
Deaths		3	—				1	2		
Diphtheria	745	27	204	65	48	1,186	118	232	44	21
Deaths	17	—	5	1	1	32	4	6	1	1
Dysentery	31	3	13	—	—	38	9	15	—	—
Deaths			—	—	—			—	—	—
Encephalitis lethargica, acute	8	—	—			1	1	—		—
Deaths		—	3				—	1		—
Enteric (typhoid and paratyphoid) fever	11	1	2	7	4	21	3	3	11	3
Deaths	—	—	—	—	—	4	—	—	—	—
Erysipelas			67	8	7			75	5	5
Deaths		—	1				—	—		
Infective enteritis or diarrhoea under 2 years	32	3	11	5	3	52	12	11	9	2
Deaths										
Measles	2,740	33	27		278		21	35		3
Deaths	1	—	1	2	3	3	—	—	—	—
Ophthalmia neonatorum	66	9	15		1	102	11	29		2
Deaths										
Pneumonia, influenzal*	1,457	99	63	12	9	1,793	185	81	18	69
Deaths (from influenza)	158	14	38	2	7	214	19	35	6	7
Pneumonia, primary			545	17				421	28	
Deaths				19	6		28		31	24
Polio-encephalitis, acute	4	—				—	—			
Deaths										
Poliomyelitis, acute	6	—	—	—	—	17	3	—	1	1
Deaths			—				—	—		
Puerperal fever		4	7	8	1	2	2	17	1	
Deaths		1†					—			
Puerperal pyrexia	159‡	7	12		1	174	8	19		5
Deaths										
Relapsing fever	—	—			—	1	—			—
Deaths										
Scarlet fever	1,141	38	154	64	84	1,565	99	298	48	80
Deaths	1	—	1	—	1	3	—	2	—	—
Small-pox	1	—	—	—	—	1	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths										
Whooping-cough	787	22	23		14		242	778		20
Deaths	5	—	—	—	—	14	3	14	2	2
Deaths (0-1 year)	415	62	96	37	22	482	79	65	37	38
Infant mortality rate (per 1,000 live births)						73	64			
Deaths (excluding stillbirths)	8,269	1,530	1,215	312	174	6,890	1,302	949	318	233
Annual death rate (per 1,000 persons living)			24.6	20.8	15.3	16.9	16.6	19.3	21.4	20.7
Live births	6,663	2,049	902	339	263	6,596	1,120	911	389	252
Annual rate per 1,000 persons living			18.3	22.6	23.1	16.2	14.3	18.6	26.2	22.3
Stillbirths	259	29	50			263	36	36		
Rate per 1,000 total births (including stillborn)						38	31			

* Includes primary form in figures for England and Wales, London (administrative county), and Northern Ireland.

† Death from puerperal sepsis.

‡ Includes figures for puerperal fever.